

Program A: Payments to Private Providers**OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2002-2003. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document.

The objectives and performance indicators that appear below are associated with program funding in both the Base Executive Budget and the Governor's Supplementary Recommendations for FY 2002-2003. The Supplemental portion of the Governor's recommended Executive Budget for this agency's budget is 19.3%. However, the Objectives and Performance Indicators for this agency are based on the total amount of the Governor's Supplementary Recommendations and the Base Executive Budget. Specific information on program funding is presented in the financial section.

DEPARTMENT ID: 09 - Department of Health and Hospitals

AGENCY ID: 09-306 Medical Vendor Payments

PROGRAM ID: Program A: Payments to Private Providers

1. (KEY) To increase the number of children/adolescents enrolled in Mental Health Rehabilitation Services in an effort to not exceed a 14% recidivism in psychiatric hospitalizations for children/adolescents in the pilot regions.

Strategic Link: This objective implements Goal 1, Objective I.1 of Program A & B, Medical Vendor Payments, of the revised strategic plan: To increase the number of children/adolescents enrolled in Mental Health Rehabilitation Services in an effort to not exceed 10.2% recidivism in psychiatric hospitalization for children/adolescents in the pilot regions.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Cabinet Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Other Link(s): This objective is associated with Tobacco Settlement Funds through the Health Excellence Fund.

Explanatory Note: The Hospital Admission Review Policy (HARP) program is a project designed to prevent the rehospitalization of children/adolescents who have been admitted to private psychiatric hospitals. It links these children and their families to community-based resources upon discharge from the hospital. To accomplish the desired outcome Medicaid funds staff in the Office of Mental Health who interview the children, their families and hospital staff to determine eligibility for community services, ensure that services are available at discharge, and provide follow-up contacts to assist the family further.

| L E V E L | PERFORMANCE INDICATOR NAME | PERFORMANCE INDICATOR VALUES | | | | | |
|-----------------------|---|--|--|---|---|--|---|
| | | YEAREND PERFORMANCE STANDARD FY 2000-2001 | ACTUAL YEAREND PERFORMANCE FY 2000-2001 | ACT 12 PERFORMANCE STANDARD FY 2001-2002 | EXISTING PERFORMANCE STANDARD FY 2001-2002 | AT CONTINUATION BUDGET LEVEL FY 2002-2003 | AT RECOMMENDED BUDGET LEVEL FY 2002-2003 |
| K | Adolescent psychiatric hospital enrollment in the pilot regions | 1,644 | 1,232 | 1,300 | 1,300 | 1,300 ¹ | 1,600 |
| K | Mental Health Rehabilitation enrollment from the Hospital Admissions Review Process (HARP) program in the pilot regions | 275 | 540 | 400 | 400 | 140 ² | 300 |
| K | Percentage of recidivism in psychiatric hospitalization in the pilot regions | 7.7% | 10.6% | 10.2% | 10.2% | 10.2% ³ | 14.0% |

- ¹ This indicator remains the same because we do not anticipate changes in the program or changes in this population that would affect the stated performance indicator. The same report will be used to determine this statistic. We use a report from Unisys for this indicator.
- ² This indicator was previously based on data from the HARP data base which reflected recipients which were deemed eligible to receive Mental Health Rehabilitation (MHR) services. Beginning this year we are now able to access the Mental Health Rehabilitation program data which will more accurately show recipients who actually received MHR services. Consequently, the standard is set at a lower figure.
- ³ Recidivism rate is a "moving target". It is best reviewed by longitudinal data. This is why the report has been and will continue to be submitted on a quarterly basis. Recidivism is defined as any recipient who has 2 or more hospitalizations in a 90 day period. This rate will remain the same as previously submitted because, as last years information revealed, there will always be a certain number of individuals who despite the best of interventions, have chronic problems that repeat hospitalization cannot be avoided. We believe that if we can keep recidivism to 10.2% this is an improvement over 1997 data of 25%.